

RECEIVED

AUG 18 2022

BY MAIL

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF MISSOURI
DIVISION

WILFRED DAVIS

V.

(Write the full name of the plaintiff in this action.)

Include prisoner registration number.)

DUNKLIN CO. DETENTION CENTER

SHERIFF BOB HOLDER

Off. CUMMINGS

Off. Hobbs

Off. GARRETT

(Write the full name of each defendant. The caption must include the names of **all** of the parties.)

Fed. R. Civ. P. 10(a). Merely listing one party and writing "et al." is insufficient. Attach additional sheets if necessary.)

Case No: 4:22-CV-00120-SEP
(to be assigned by Clerk of District Court)

Plaintiff Requests Trial by Jury

☒ Yes ☐ No

PRISONER CIVIL RIGHTS COMPLAINT UNDER 42 U.S.C. § 1983

NOTICE:

Federal Rule of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date, the full name of a person known to be a minor, or a complete financial account number. A filing may include only: the last four digits of a social security number, the year of an individual's birth, a minor's initials, and the last four digits of a financial account number.

Except as noted in this form, plaintiff should not send exhibits, affidavits, witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed without prepayment of fees and costs.

I. The Parties to this Complaint

A. The Plaintiff

NAME: Wilfred DAVIS #1370165

Other NAMES you have used:

PRISONER Registration Number: 1370165

CURRENT Institution: S.E.C.C.

300 Pedro SIMMONS DR.
CHARLESTON, MO. 63834

Indicate your PRISONER Status:

Pretrial Detainee

Civilly committed detainee

Immigration Detainee

✓ Convicted And Sentence State Prisoner ✓

(2)

I. The Parties to this Complaint

A. The Plaintiff

Name: Wilfred DAVIS # 1370165

Other names you have used: _____

Prisoner Registration Number: 1370165

Current Institution: BONNE TERRE, MO. 63863
E.R.D.C.C.
Unit-9 C-WING

Indicate your prisoner status:

<input type="checkbox"/> Pretrial detainee	<input checked="" type="checkbox"/> Convicted and sentenced state prisoner
<input type="checkbox"/> Civilly committed detainee	<input type="checkbox"/> Convicted and sentenced federal prisoner
<input type="checkbox"/> Immigration detainee	<input type="checkbox"/> Other (explain): _____

B. The Defendant(s)

To the best of your knowledge, give the information below for each defendant named in the caption of this complaint. Make sure the defendant(s) named below are the same as those listed in the caption of this complaint. Attach additional pages if necessary.

For an individual defendant, include the person's job title, and check whether you are suing the individual in his or her individual capacity, official capacity, or both.

Defendant 1

Name: BOB Holder, ~~Nicole CREDIT, Chad Cook~~

Job or Title: sheriff, ~~Adm and Sup~~

Badge/Shield Number: _____

Employer: Dunklin Co. Detention

Address: 1175 Floyd St Kennett, Mo. 63857

<input checked="" type="checkbox"/> Individual Capacity	<input checked="" type="checkbox"/> Official Capacity
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Defendant #1

NAME: BOB Holder

Job OR Title: Sheriff

Badge/shield Number:

Employer: Dunklin Co. Detention Center

✓ Individual Capacity ✓ Official Capacity

Statement of Claim

Sheriff BOB Holder is the Sheriff of Dunklin Co. Detention Center. He is responsible for the actions of his officers that he employs, when they become abusive of power, their neglect toward detainees awaiting trial or being held and lack of their professional standard, so BOB Holder & the Dunklin Co. Detention Center is at fault

Defendant #2

NAME: Dfc. CUMMINGS

Job OR Title: CORRECTIONAL Officer

Badge/shield number:

Employer: Dunklin Co. Detention Center

Address: 1175 7100 St. Kennett, Mo. 63857

Individual Capacity Official Capacity

Statement of Claim:

Defendant #2 use excessive force by SPRAYING pepper spray in my face, GRABBING my neck ALONG with Defendant #3, putting me in a choke hold AND Defendant #2 told Defendant #3 that she Defendant #2 HAD my neck in a choke hold to help Defendant #4 to RESTRAINT me in the chair. As I WAS wheel out in restraint chair, I began to feel my neck, back & right knee ache painfully. Defendant #2 left me in a restraint chair for 7hrs lead me to URINATE 3 times & release my Biles Once (Note: I WAS wheel to JAIL Pod ALSO video footage prove statements)

This All occurred At Dunklin Co. Detention Center

Date: Nov. 25, 2021 Time: 6:00 p.m. - 8:30 p.m.

Defendant #2

Defendant #3

NAME: Dfc. Hobbs

Job OR Title: CORRECTIONAL OFFICER

Badge/shield Number:

Employer: DUNKLIN Co. Detention Center

Address: 1175 Floyd St. Kennett, MD. 21785

✓ Individual Capacity

✓ Official Capacity

II Statement of Claim:

Defendant #3 CAME INTO MY CELL (NOTE: CAMERA EVIDENCE SHOWS; I, WILFRED DAVIS WAS IN A NON-THREATENING POSITION DURING HIS APPROACH) AND ASK ME TO GET ME IN THE RESTRAINT CHAIR; I THEN BEGAN TO INFORM DEFENDANT #3 THAT I DID NOT DISRESPECT NOR THREATEN DEFENDANT #2; DEFENDANT #3 BEGAN TO STEP OUT THE CELL; AS HE STEPPED OUT THE CELL DEFENDANT #2 BEGAN TO SPRAY ME AND DURING THE PROCESS OF DEFENDANT #2 SPRAYING ME, DEFENDANT #3 GRAB ME BY MY NECK WITH DEFENDANT #2 (NOTE: I WAS

IN A NON-THREATEN POSITION ON THE FLOOR ON MY KNEES) AND TWISTED MY BODY AND FORCE ME IN A CHAIR (RESTRAINT) AS I WAS BEING WHEELED TO POD JA110; MY NECK, BACK AND MY RIGHT KNEE WAS PAINFUL.

Defendant #3 left me in a restraint chair for 7 hrs. Do to me been left in a restraint chair, I URINATED 3 time AND MY BYLES ONCE WHICH WAS VERY HUMILIATING AND INHUMANE: (Note: JA 110 video footage proves statement.

This All Occurred At Dunklin Co. Detention Center Date: NOV. 25, 2021

Defendant #4

Name: Dfc. Carrett

Job OR Title: CORRECTIONAL Officer

Badge/shield Number:

Employer: Dunklin Co. Detention Center

Address: 1175 Floyd St. Kennett, Mo. 63857

✓ Individual Capacity ✓ Official Capacity

II Statement of Claim

Defendant #4 came to my cell with Defendant #2 AND Defendant #3. When Defendant #2 Sprayed me with pepper spray AND Defendant #3 Help Defendant #4 USING excessive force by GRABBING my legs & SNATCHING ON MY ARMS AND LEGS throwing me in the Restraint chair. I began to feel my Neck back & KNEE Ache Painfully: Defendant #4 left me in a restraint for Thrs, lead me to urinate 3 times & Release my Bilas Dnce

(Note: JA 110 video footage proves statements)
This All Occurred At Dunklin Co. Detention
Date: NOV. 25, 2021 Time: Between 6:00 - 8:30 PM.

Defendant 2

Name: Ofc. CUMMINGS, Ofc. Hobbs, Ofc. GARRETT

Job or Title: Officer

Badge/Shield Number: _____

Employer: Dunklin Co. Detention

Address: 1175 Floyd St. Kennett, Mo.

☐ Individual Capacity

☒ Official Capacity

II. Statement of Claim

Type, or neatly print, a short and plain statement of the **FACTS** that support your claim(s). For every defendant you have named in this complaint, you must state what he or she personally did to harm you. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Do not make legal arguments, or cite court cases or statutes. You may attach additional pages if necessary.

Your statement of claim must include all of the following information:

1. What happened to you?
2. When did it happen?
3. Where did it happen?
4. What injuries did you suffer?
5. What did each defendant personally do, or fail to do, to harm you?

see ATTACHMENT

III. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

III Injuries

Upon my altercation with three Dunklin Co. Sheriff deputies, I sustained Multiple injuries which include: A dislocated Right Knee cap, A severe pain in my lower left Back due to being strained in a restraint chair for 7 hrs., And excruciating pain throughout my neck, which was also inflicted due to my restraint in the restraint chair; Since being confined in Missouri Dept. of Correction; the Medical staff has been providing me with (Acetaminophen 325 mg) for my pain felt in my knee and back. Since this ordeal took, I've been having trouble sleeping due to post traumatic stress, having very vivid Nightmares. Reliving the torment that was brought upon me, by those that are suppose to protect me.

IV. Relief

State briefly and precisely what you want the Court to do for you. Do not make legal arguments. Do not cite any cases or statutes. If you are requesting money damages, include the amounts of any actual damages and/or punitive damages you are claiming. Explain why you believe you are entitled to recover those damages.

V. Exhaustion of Administrative Remedies/Administrative Procedures

The Prison Litigation Reform Act ("PLRA") 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

- A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison or other correctional facility where you were confined at the time of the events giving rise to your claim(s):

DUNKLIN Co. Detention 1175 701yd St. Kennett, MO
63857

- B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

- C. If yes, does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claims?

☐ Yes

☒ No

☐ Do not know

IV. Relief:

I AM SEEKING \$200,000.00 FOR DAMAGES CAUSED TO MY BODY & THE EMOTIONAL AND MENTAL STRESS I HAVE GONE THROUGH, NOT TO MENTION THE MEDICAL BILLS I WILL HAVE TO COVER, WHEN I'M RELEASED AND HAVE TO VISIT A PHYSICIAN IN REGARDS TO MY KNEE AND BACK PAINS

If yes, which claim(s)?

- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

Dunklin Co. Detention

2. What did you claim in your grievance? (*Attach a copy of your grievance, if available*)

3. What was the result, if any? (*Attach a copy of any written response to your grievance, if available*)

Grievance Form - #10,336,624

From: WILFRED DAVIS (001542) Date Submitted: 11/26/2021 11:52 PM
Housing Area: I Date Received: 11/30/2021 2:07 PM
Assigned To: Supervisor L. (Lead Supervisor.) Status: OPEN

Request

I WAS ASSAULT BY OFC.ALISSIA, OFC.CHANDLER AND THE NEW OFFICER(NOV.25,2021 BETWEEN 6:00 AND 8:30P.M)OFC.ALISSIA CAME ON THE POD DOING PILL CALL THIS OFFICER WAS WEARING A SWEATER THAT SAID(TOTALLY GAY)INMATES MADE A COMMENT ON THE SAYING ON HER SWEATER WHEN SHE MADE A STATMENT I SAID LORD HOW MERCY THIS OFFICER LOOK AT ME AND SAID(DAVIS YOU HATE GAYS)I THEN STATED(MY FRIEND WOULD'NT BE H.I.V. IF IT WAS'NT FOR A GAY MOTHERFUCKER)AND SHE BECAME VERY DISRESPECTFUL TO AND I WENT AND LOCKDOWN VIDEO SEE

Response by Lead Supervisor C. Cook on 11/29/2021 at 1:57 PM

This has already been answered in person

Appeal by the Inmate on 11/29/2021 at 3:18 PM

(NOV.25,2021 BETWEEN 6:00 AND 8:30 P.M.)OFC.CUMMINGS WAS DOING PILL CALL ON(I-POD)AS I WAS GETTING OFF THE PHONE;I ASK OFC.CUMMINGS WOULD SHE FIND OUT SOME INFORMATION FOR ME.SHE CUT ME OFF AND STATED(DAVIS TALK TO THE DAY SHIFT)I THEN THROUGH MY HANDS IN AIR AND SAID DON'T WORRY ABOUT IT.AS I WAS PACING BACK & FORTH IN FRONT OF MY CELL;INMATES START ASKING HER HOW(TOTALLY GAY WAS SHE)AND SHE STATED WHILE LOOKING AT AN INMATE VIDEO ON HOMEWAV(I'LL BE LOOKING AT SOME ASS TO IF I GET LOCK UP)I THEN SAID(LORD HOW MERCY)AND SHE LOOK AT ME AND SAID(DAVIS, YOU HATE GAYS)I SAID NO,I DON'T HATE GAYS,I DON'T LIKE THE SHIT THAT THEY DO;IF IT WAS'NT FOR A GAY MOTHERFUCKER MY FRIEND RACHEL WOULD'NT BE WITH H.I.V. THAT COREY CRIGLAR JUST GAVE HER,I THEN SAID (GOD MADE MAN TO BE WITH WOMAN,NOT WOMAN TO BE WITH WOMAN;I'M A CHILD OF GOD.I'M NOT A PART OF THE LIFE OF THE CHILDREN OF MEN.THATS WHEN OFC.CUMMINGS STATED(I WOULD LOCK YOU DOWN,BUT ALL YOU GOING TO DO IS PREACH UP FRONT,AND SHE WENT ON TO SAY,WHO IN THE CELL WITH YOU)I SAID NO ONE.(THEN SHE TOLD ME TO GO LOCK DOWN)AND I THEN SAID(WHY ARE YOU LOCKING ME DOWN,I HAVE'NT CUSS YOU NOT ONE TIME NOR THREATEN YOU;HOWEVER,IWENT AND LOCK DOWN IN MY CELL)AND OFC.CUMMINGS CONTINUE TALKIN DISRESPECTFUL TO ME.SO OFC.CUMMINGS LEFT OUT WITH THE PILL CART AND CAME BACK MINUTES LATER WITH OFC.HOBBS AND OFC GARRETT AND WHEEL THE STRAP SEAT IN FRONT OF MY CELL,OPEN MY DOOR AND TOLD ME TO SIT IN THE STRAP SIT.I THEN STATED TO HER(WHY ARE YOU STRAPPING ME IN THAT CHAIR,WHEN I HAVEN'T DISRESPECT YOU NOR THREATEN YOU)OFC.HOBBS THEN CAME IN MY CELL AND STATED(DAVIS GONE SIT IN CHAIR)AND I STATED TO HIM(OFC.HOBBS I DID'NT DO

Printed on 12/01/2021 at 1:28 PM

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In Respond
to
PAGE
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PAGE
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Attachment
(E)
2,
3,

ANYTHING WRONG TO OFC.CUMMINGS,SHE IS WRONG AND SHE KNOW SHE
WRONG)OFC.HOBB THEN WALK OUT THE CELL AND SHE BEGIN TO PUT THE
TASER AND PEPPER SPRAY IN THE HOLSTER AND SHE THEN STATED(DAVIS GET IN
THE CHAIR)I SIAD I DID'NT DO ANYTHING WRONG TO YOU TO BE ON LOCKDOWN
OR IN A CHAIR)THATS WHEN OFC.CUMMINGS SPAY PEPPER MAZE IN MY FACE,SHE
THEN PUT GRAB MY NECK IN A CHOKE HOLD AND OFC.HOBBS AND GARRETT PUT
ME IN THE STRAP CHAIR.I WAS WHEEL TO JA110 AND LEFT FOR 7 HOURS IN A
STRAP CHAIR,WHERBY I URINE ON MYSEFL 3 TIMES AND LET GO MY BILES
ONCE.ALL THIS IS ON CAMERA AND VIDEO.I PRAY THAT SOMETHING BE DONE
FOR WHAT WAS DONE TO ME CAUSE OFC.CUMMINGS GOT IN HER FEELINGS;MAY
GOD BE WITH ME IN THIS MATTER AND THIS ADMINSTRATION

Appeal Response

This appeal has NOT been responded to as of this printing.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

yes, I APPEAL it BUT I COULD'NT COMPLETE GRIEVANCE PROCESS BECAUSE I WAS TRANSFER TO ANOTHER FACILITY
(GRIEVANCE IS ATTACH TO THESE DOCUMENTS)
(GRIEVANCE FORM-#10,336,624)

- F. If you did not file a grievance: GRIEVANCE WAS FILED

1. If there are any reasons why you did not file a grievance, state them here:

GRIEVANCE WAS FILED

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

SEE ABOVE ANSWERS
(F)
1.
2.

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VI. Previous Lawsuits

The “three strikes rule” bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has “on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury.” 28 U.S.C. § 1915(g).

- A. To the best of your knowledge, have you ever had a case dismissed on the basis of this “three strikes rule”?

☐ Yes

☒ No

If yes, state which court dismissed your case and when it was dismissed. Attach a copy of the court’s order, if possible.

Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the state and county)*

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending?

☐ Yes

☒ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)

1. Parties to the previous lawsuit

Plaintiff _____

Defendant(s) _____

2. Court (if federal court, name the district; if state court, name the state and county)

3. Docket or case number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending?

☐ Yes

☐ No (If no, give the approximate date of disposition): _____

7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

VII. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 28 day of July, 2022.

Signature of Plaintiff

Wilfred Davis



Mr. Wilfred Davis #1370163



E. C. C.
100 Pedro Simmons Dr.
Charleston Mo. 63834

RECEIVED

AUG 18 2022

BY MAIL

United States District Court
Mr. Gregory Linhares (Clerk)
111 S. 10th St.
St. Louis, Missouri 63102